



Ravalli County Environmental Health
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To: Those wanting to establish a public accommodations establishment.

From: Ravalli County Environmental Health Department

Subject: Process for establishing a public accommodations establishment.

The following information is for your inquiry in obtaining a food purveyor license for a food service operation in Ravalli County. **THIS PROCESS MAY TAKE 20-30 DAYS BEFORE YOU CAN BEGIN WORK ON YOUR PUBLIC ACCOMMODATIONS.** The steps that need to be taken are as follows:

1. Review plan review materials and develop your plan completely on paper before any equipment or materials are purchased.
2. Submit the required plan review information to the Health Department (RCEH). If you will be building or remodeling, you will also need to contact the City or State Building Codes.
3. Please include a check for the **\$100 Plan Review Fee** when returning the Plan Review to our department. A receipt may be obtained if requested. Please make checks payable to RCEH.
4. When your approved plans are returned to you, obtain all necessary building, mechanical, electrical and plumbing permits.
5. When your project is finished, have the City or State Building Inspectors conduct the required inspections and call the health department for your final health inspection before opening your establishment to the public. At the time of your pre-opening inspection you will need to have a check ready and payable to the Montana Department of Public Health and Human Services (MDPHHS) for your Food Purveyor License. The fee is \$40 for a Public Accommodations license.

BED AND BREAKFAST AND ROOMINGHOUSE/BOARDINGHOUSE PLAN REVIEW
APPLICATION

Prior to new construction, addition or remodeling of an existing structure, or change of use, plans must be submitted to the department or local health authority for review and approval. See page 4 of the Montana Department of Public Health and Human Services Rules for Hotels, Motels, Tourist Homes, Rooming houses and Boardinghouses, Section 16.10.631 (1) (a-k) for a list of the required information to be included in the plans.

Establishment is: NEW _____ REMODEL _____ CONVERSION _____

Name of establishment: _____

Address: _____

Phone: _____

Name of owner: _____

Mailing address: _____

Telephone: _____

Name, address and phone number of applicant if different from owner:

To be included in the plans:

- Floor plan/drawing _____
- Septic approval _____
- Completed plan review packet _____
- Zoning/Planning contacted _____
- Evidence of fire authority approval _____
- New construction/remodel only: plans submitted to building dept. _____

Please answer the following questions regarding your establishment:

1. Do you have at least one storage room sufficient in size for storing extra bedding and furnishings? Yes _____ No _____
2. Do you have adequate and convenient janitorial facilities including a sink and storage area for equipment and chemicals? Yes _____ No _____
3. Are the floors and walls smooth and non-absorbent in the toilet and bathing rooms, laundries, janitorial closets and similar rooms subject to large amounts of moisture? Yes _____ No _____
4. Are the bathing surfaces provided with anti-slip surfaces? Yes _____ No _____
5. Is your water supply public or private? Public _____ Private _____
If public, enter name and PWS # _____
If private, has the source been approved? Yes _____ No _____
6. Are you aware that if your establishment is on a non-public water supply that you must submit quarterly bacterial samples? Yes _____ No _____
7. Are you aware that if you add extra bedrooms to your B&B that you may have to expand your septic system (if you are not on public sewer)? Yes _____ No _____
8. Does the hot water in your laundry room reach a minimum temperature of 130°F? Yes _____ No _____
9. Is the hot water for hand sinks and bathing facilities between 100°F and 120°F? Yes _____ No _____

10. Do you have separate areas for sorting and storing soiled laundry and folding and storing clean laundry? Yes _____ No _____
11. Do you have separate carts or laundry baskets for transporting clean and soiled laundry? Yes _____ No _____
12. Does your laundry facility have a hand wash sink or a soak sink that may be used as a hand wash sink? Yes _____ No _____
13. Are you aware that using germicidal or fungicidal cleaners is required for cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats and floors? Yes _____ No _____
14. What is the method you plan to use to wash, rinse and sanitize dishes, utensils, etc?

15. Do you plan to offer to your guests the use of swimming pools, hot tubs, mineral baths or public swimming of any kind? Yes _____ No _____
16. Will you be requiring a guest register with the guest's name, home address and assigned unit? Yes _____ No _____
17. How do you plan to have solid waste (garbage) removed from your facility?
_____. How frequently? _____
18. Have you read and understood the Montana Department of Public Health and Human Services Rules for Hotels, Motels, Tourist Homes, Rooming houses and Boardinghouses? Yes _____ No _____